

FILED

NOV 27 2023

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NORTH CAROLINA BY \_\_\_\_\_  
SOUTHERN DIVISION

PETER A. MOORE, JR., CLERK  
US DISTRICT COURT, EDNC  
DEP CLK  
*LMA*

No. \_\_\_\_\_

IN RE: CAMP LEJEUNE  
WATER LITIGATION

THIS DOCUMENT RELATES TO:

JURY TRIAL DEMANDED

LEONARD W. HOUSION  
Plaintiff First Middle Last Suffix

SHORT-FORM COMPLAINT

The Plaintiff named below, or Plaintiff's representative, files this Short Form Complaint against Defendant United States of America under the Camp Lejeune Justice Act of 2022 ("CLJA"). Pub. L. No. 117-168, § 804, 136 Stat. 1802, 1802-04 (2022). Plaintiff or Plaintiff's representative incorporates by reference the allegations contained in the Master Complaint (DE [REDACTED]) on file in the case styled *In Re: Camp Lejeune Water Litigation*, Case No. 7:23-cv-897, in the United States District Court for the Eastern District of North Carolina. Plaintiff or Plaintiff's representative files this Short-Form Complaint as permitted by Pretrial Order No. [REDACTED].

Plaintiff or Plaintiff's representative alleges as follows:

I. INSTRUCTIONS

<p>1. On THIS FORM, are you asserting a claim for injuries to YOU or to SOMEONE ELSE you legally represent?</p> <p><input checked="" type="checkbox"/> To me <input type="checkbox"/> Someone else</p>	<p>This form may only be used to file a complaint for ONE PERSON'S injuries. If you intend to bring claims for multiple individuals' injuries—for example, a claim for yourself and one for a deceased spouse—you must file ONE FORM FOR EACH INJURED PERSON.</p>
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## II. PLAINTIFF INFORMATION

If you checked "To me" in Box 1, **YOU** are the Plaintiff. Complete this section with information about **YOU**.

If you checked "Someone else" in Box 1, **THAT PERSON** is the Plaintiff. Complete this section with information about **THAT PERSON**.

2. First name:	3. Middle name:	4. Last name:	5. Suffix:
LEONARD	WILLIAM	HOUSON	
6. Sex:	7. Is the Plaintiff deceased?		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<i>If you checked "To me" in Box 1, check "No" here.</i>			
Skip (8) and (9) if you checked "Yes" in Box 7.			
8. Residence city: Middletown		9. Residence state: New York	
Skip (10), (11), and (12) if you checked "No" in Box 7.			
10. Date of Plaintiff's death:	11. Plaintiff's residence state at the time of their death:	12. Was the Plaintiff's death caused by an injury that resulted from their exposure to contaminated water at Camp Lejeune?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## III. EXPOSURE INFORMATION

If you checked "To me" in Box 1, complete this section with information about **YOU**.

If you checked "Someone else" in Box 1, complete this section with information about **THAT PERSON**.

13. Plaintiff's first month of exposure to the water at Camp Lejeune:	14. Plaintiff's last month of exposure to the water at Camp Lejeune:
March	March
15. Estimated total months of exposure:  Forty (48)	16. Plaintiff's status at the time(s) of exposure (please check all that apply):  <input checked="" type="checkbox"/> Member of the Armed Services <input type="checkbox"/> Civilian (includes in utero exposure)
17. If you checked Civilian in Box 16, check all that describe the Plaintiff at the time(s) of exposure:  <input type="checkbox"/> Civilian Military Dependent <input type="checkbox"/> Civilian Employee of Private Company <input type="checkbox"/> Civil Service Employee <input type="checkbox"/> In Utero/Not Yet Born <input type="checkbox"/> Other	18. Did Plaintiff at any time live or work in any of the following areas? Check <u>all</u> that apply.  <input type="checkbox"/> Berkeley Manor <input type="checkbox"/> Hadnot Point <input type="checkbox"/> Hospital Point <input type="checkbox"/> Knox Trailer Park <input checked="" type="checkbox"/> Mainside Barracks <input type="checkbox"/> Midway Park <input type="checkbox"/> Paradise Point <input type="checkbox"/> Tarawa Terrace <input type="checkbox"/> None of the above <input type="checkbox"/> Unknown

#### IV. INJURY INFORMATION

If you checked "To me" in Box 1, complete this section with information about YOU.

If you checked "Someone else" in Box 1, complete this section with information about THAT PERSON.

19. Identify the illnesses or conditions the Plaintiff suffered as a result of exposure to contaminated water at Camp Lejeune.

Injury	Approximate date of onset
<input type="checkbox"/> Adverse birth outcomes (Plaintiff is the PARENT of an individual who died in utero or was stillborn or born prematurely)	
<input type="checkbox"/> ALS (Lou Gehrig's Disease)	
<input type="checkbox"/> Aplastic anemia or myelodysplastic syndrome	
<input type="checkbox"/> Bile duct cancer	
<input type="checkbox"/> Bladder cancer	
<input type="checkbox"/> Brain / central nervous system cancer	
<input checked="" type="checkbox"/> Breast cancer	03/30/1963, there after
<input type="checkbox"/> Cardiac birth defects (Plaintiff was BORN WITH the defects)	
<input type="checkbox"/> Cervical cancer	
<input checked="" type="checkbox"/> Colorectal cancer	03/30/1963, there after
<input type="checkbox"/> Esophageal cancer	
<input type="checkbox"/> Gallbladder cancer	
<input type="checkbox"/> Hepatic steatosis (Fatty Liver Disease)	
<input type="checkbox"/> Hypersensitivity skin disorder	
<input type="checkbox"/> Infertility	
<input type="checkbox"/> Intestinal cancer	
<input checked="" type="checkbox"/> Kidney cancer	03/30/1963, there after
<input type="checkbox"/> Non-cancer kidney disease	
<input type="checkbox"/> Leukemia	
<input checked="" type="checkbox"/> Liver cancer	03/30/1963, there after
<input type="checkbox"/> Lung cancer	
<input type="checkbox"/> Multiple myeloma	
<input type="checkbox"/> Neurobehavioral effects	
<input type="checkbox"/> Non-cardiac birth defects (Plaintiff was BORN WITH the defects)	
<input type="checkbox"/> Non-Hodgkin's Lymphoma	
<input type="checkbox"/> Ovarian cancer	
<input type="checkbox"/> Pancreatic cancer	
<input type="checkbox"/> Parkinson's disease	
<input type="checkbox"/> Prostate cancer	
<input type="checkbox"/> Sinus cancer	
<input checked="" type="checkbox"/> Soft tissue cancer	03/30/1963, there after
<input type="checkbox"/> Systemic sclerosis / scleroderma	
<input type="checkbox"/> Thyroid cancer	

The Camp Lejeune Justice Act does not specify a list of covered conditions.

If the Plaintiff suffers or previously suffered from a condition not listed above, and the Plaintiff alleges that the condition was caused by exposure to the water at Camp Lejeune as required under the Act, please check "Other" and describe the condition on the following lines.

Note in particular that the Board of Veterans' Appeals of the U.S. Department of Veterans Affairs (the "VA") has approved benefits in connection with Camp Lejeune for conditions beyond those listed above.

<input checked="" type="checkbox"/> Other:	Approximate date of onset
<u>Hemic &amp; Lymphatic System</u>	<u>03/30/1963</u>
<u>Vision disorders</u>	<u>03/30/1963</u>
<u>Tinnitus and hearing loss disorders/disabilities</u>	<u>03/30/1963</u>
<u>Musculoskeletal conditions (Osteopenia/low density)</u>	<u>03/30/1963</u>

## V. REPRESENTATIVE INFORMATION

If you checked "To me" in Box 1, SKIP THIS SECTION and proceed to section VI. ("Exhaustion").

If you checked "Someone else" in Box 1, complete this section with information about YOU.

20. Representative First Name:	21. Representative Middle Name:	22. Representative Last Name:	23. Representative Suffix:
24. Residence City:		25. Residence State: <input type="checkbox"/> Outside of the U.S.	
26. Representative Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
27. What is your familial relationship to the Plaintiff? <input type="checkbox"/> They are/were my spouse. <input type="checkbox"/> They are/were my parent. <input type="checkbox"/> They are/were my child. <input type="checkbox"/> They are/were my sibling. <input type="checkbox"/> Other familial relationship: They are/were my _____ <input type="checkbox"/> No familial relationship.			
Derivative claim			
28. Did the Plaintiff's death or injury cause the Plaintiff's spouse, children, or parents mental anguish, loss of financial support, loss of consortium, or any other economic or non-economic harm for which you intend to seek recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## VI. EXHAUSTION

29. On what date was the administrative claim for this Plaintiff filed with the Department of the Navy (DON)?	30. What is the DON Claim Number for the administrative claim?
mm/dd/yyyy <b>01/09/2023 (Continuious)</b>	<hr/> <input checked="" type="checkbox"/> DON has not yet assigned a Claim Number

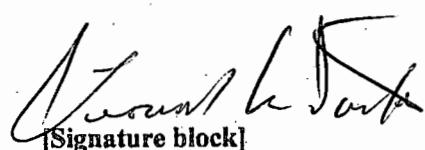
## VII. CLAIM FOR RELIEF

Plaintiff respectfully requests that pursuant to subsection 804(b) of the CLJA the Court enter judgment against the Defendant and award damages and all other appropriate relief for the harm to Plaintiff that was caused by exposure to the water at Camp Lejeune.

## VIII. JURY TRIAL DEMAND

Plaintiff demands a trial by jury of all issues so triable pursuant to Rule 38 of the Federal Rules of Civil Procedure and subsection 804(d) of the CLJA.

11/30/2023  
Dated: mm/dd/yyyy

  
[Signature block]

LEONARD W. HOUSTON